

IN THE SUPERIOR COURT OF _____ COUNTY
STATE OF GEORGIA

_____, §
Plaintiff, §
v. §
_____, § **CIVIL ACTION**
Defendant. § **FILE NO.** _____

DOMESTIC RELATIONS FINANCIAL AFFIDAVIT

1. **AFFIANT'S NAME:** _____ **Age** _____
Spouse's Name: _____ **Age** _____
Date of Marriage: _____ **Date of Separation:** _____

Names and year of birth of children for whom support is to be determined in this action:

Name:	Year of Birth:	Resides with:

Names and year of birth of Affiant's other children:

Name:	Year of Birth:	Resides with:

2. SUMMARY OF AFFIANT'S INCOME AND NEEDS

a.	Gross monthly income (item 3A)	\$
b.	Net monthly income (item 3B)	\$
c.	Average monthly expenses (item 5A)	\$
d.	Monthly payment to creditors (item 5B) +	\$
	Total of (c.) and (d.) above:	\$

3. A. Affiant's Gross Monthly Income (complete this section or attach Child Support Schedule A) (All income must be entered based on monthly average regardless of date of receipt.)

Salary or Wages (<u>attach copies of 2 most recent wage statement</u>)	\$
Commissions, Fees, Tips	\$
Income from self-employment, partnerships, close corporations and independent contracts (gross receipts minus ordinary and necessary expenses required to produce income). <u>Attach sheet itemizing your calculations.</u>	\$
Rental Income (gross receipts minus ordinary and necessary expenses required to produce income). <u>Attach sheet itemizing your calculations.</u>	\$
Bonuses	\$
Overtime Payments	\$
Severance Pay	\$
Recurring Income from Pensions or Retirement Plans	\$
Interest and Dividends	\$
Trust Income	\$
Income from Annuities	\$
Capital Gains	\$
Social Security Disability or Retirement Benefits	\$

Workers' Compensation Benefits	\$
Unemployment Benefits	\$
Judgments from Personal Injury or other Civil Cases	\$
Gifts (cash or other gifts that can be converted to cash)	\$
Prizes/Lottery Winnings	\$
Alimony and Maintenance from Persons not in this Case	\$
Assets which are used for support of family	\$
Fringe Benefits (if significantly reduce living expenses)	\$
Any Other Income (do NOT include means-tested public assistance, such as TANF or food stamps)	\$
TOTAL GROSS MONTHLY INCOME:	\$

B. Affiant's Net Monthly Income from Employment

Gross Wage minus withheld federal, state and FICA taxes	\$
Affiant's Pay Period (i.e. weekly, monthly, etc.)	
Number of Exemptions Claimed:	

4. ASSETS

(If you claim or agree that all or part of an asset is non-marital, indicate the non-marital portion under the appropriate spouse's column and state the amount and the basis: pre-marital, gift, inheritance, source of funds, etc.)

Description	Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim
Cash	\$			
Stocks, Bonds	\$			
CD's, Money Market	\$			
Bank Accounts:				
	\$			
	\$			
	\$			

Description	Value	Separate Asset of Husband	Separate Asset of Wife	Basis of the Claim
Retirement/ Pensions	\$			
401(K) Accounts	\$			
IRA Accounts	\$			
Profit Sharing Accts	\$			
Money owed you:	\$			
Tax Refund owed you	\$			
Real Estate: Home	\$			
Debt on home	\$			
Other Real Estate:	\$			
Debt owed	\$			
Automobiles				
Vehicle 1	\$			
Debt owed:	\$			
Vehicle 2	\$			
Debt owed:	\$			
Life Insurance (net cash value)	\$			
Furniture/Furnishings	\$			
Jewelry	\$			
Collectibles	\$			
Other Assets (list):				
	\$			
	\$			
	\$			
	\$			
TOTAL ASSETS:	\$			

5. A. Average Monthly Expenses

HOUSEHOLD:	
Mortgage or Rent Payments	\$
Property Taxes	\$
Homeowner/Renter Insurance	\$
Electricity	\$
Water	\$
Garbage and Sewer	\$
Residential Line Telephone	\$
Cellular Telephone	\$
Internet Service	\$
Gas (natural or propane)	\$
Repairs and Maintenance	\$
Lawn Care	\$
Pest Control	\$
Cable or Satellite TV	\$
Grocery & Misc. Household Expenses	\$
Meals Outside the Home	\$
Other:	\$
	\$
TOTAL HOUSEHOLD EXPENSES:	\$
AUTOMOBILE:	
Gasoline and Oil	\$
Repairs	\$
Auto Tags and License	\$
Insurance	\$
TOTAL AUTO EXPENSES:	\$

OTHER VEHICLES (boats, RV's, trailers, etc.:	
Gasoline and Oil	\$
Repairs	\$
Tags and License	\$
Insurance	\$
TOTAL OTHER VEHICLES EXPENSES:	\$
CHILDREN'S EXPENSES:	
Child Care (total monthly cost)	\$
School Tuition	\$
Tutoring	\$
Private Lessons (e.g., music, dance)	\$
School Supplies/Expenses	\$
Lunch Money	\$
Other Educational Expenses:	\$
	\$
	\$
Allowance	\$
Clothing	\$
Diapers	\$
Medical, Dental, Prescriptions (out of pocket/uncovered expenses)	\$
Grooming, Hygiene	\$
Gifts from Children to Others	\$
Entertainment	\$
Activities (extra-curricular, school, religious, cultural, etc.)	\$
Summer Camps	\$
TOTAL CHILDREN'S EXPENSES:	\$

AFFIANT'S OTHER EXPENSES:	
Dry Cleaning/Laundry	\$
Clothing	\$
Medical, Dental, Prescriptions (out of pocket/uncovered expenses)	\$
Affiant's Gifts (special holiday)	\$
Entertainment	\$
Recreational Expenses (e.g., fitness)	\$
Vacations	\$
Travel Expenses for Visitation	\$
Publications	\$
Dues, Clubs	\$
Religious and charities	\$
Pet Expenses	\$
Alimony paid to former spouse	\$
Child Support paid for other children Date of Initial Order:	\$
Other (attach sheet)	\$
TOTAL OTHER EXPENSES:	\$
OTHER INSURANCE:	
Health	\$
Health: Children's portion	\$
Dental	\$
Dental: Children's portion	\$
Vision	\$
Vision: Children's portion	\$
Life Relationship of Beneficiary:	\$
Disability	\$

Other (specify):	\$
TOTAL OTHER INSURANCE:	\$
SUMMARY:	
Total Household Expenses	\$
Total Automobile Expenses	\$
Total Other Vehicles Expenses	\$
Total Children's Expenses	\$
Total Affiant's Other Expenses	\$
Total Other Insurance	\$
GRAND TOTAL 5. A. Average Monthly Expenses	\$

5. B. PAYMENTS TO CREDITORS

Put an X under the J column if the debt is a joint debt, an X under the W column if it is the Wife's debt, and an X under the H column if the debt is the Husband's debt.

Name of Creditor	Balance Due	Monthly Payment	J	W	H
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
Total Monthly Payments to Creditors:		\$			

5. C. TOTAL MONTHLY EXPENSES:

5.A. Average Monthly Expenses:	\$
5.B. Payments to Creditors:	\$
Total of 5. A & B =	\$

Personally appeared before me, an officer authorized to administer oaths, the undersigned Affiant, who upon being sworn, swears that he/she is legally competent to make this affidavit, that the affidavit is based upon personal knowledge, and that the contents of the affidavit are true.

Affiant (signed in the presence of a notary public)

Sworn to and subscribed before me, this _____ day of _____, 20____.

Notary Public

My commission expires: _____